

PREAPPLICATION QUESTIONNAIRE



Below is a list of regulated medical wastes. Check the type(s) of waste that your facility generates. If you do **not** generate any of the medical wastes listed below, please complete only the certification statement on the reverse side of this form.

		REGULATED MEDICAL WASTES
	•	pecimen or microbiologic cultures, stocks of infectious agents, live and culture mediums.
	or body fluids - vith blood or bo	liquid blood elements or other regulated body fluids, or articles contami- ody fluids.
☐ Sharps	- syringes, nee	dles, blades, broken glass.
☐ Contan	ninated animals	s - animal carcasses, body parts, bedding materials.
☐ Surgica	ıl specimens - h	numan or animal parts or tissues removed surgically or by autopsy.
☐ Waste of	contaminated w	vith fixitives or chemotherapeutic agents.
☐ Isolation waste - waste contaminated with excretion, exudate, or secretions from humans or animals who are isolated due to highly communicable diseases. (Centers for Disease Control, Biosafety Level 4)*		
☐ Pharma	ceutical wastes	s - California only hazardous pharmaceutical waste.
(Absettarov, Ha	nzalova, Hypr, Ku	diseases are: Congo-Crimean hemorrhagic fever, Tick-borne encephalitis virus complex <i>amlinge, Kyasanur Forest disease, Omsk hemorrhagic fever, and Russian Spring-Summer</i> Ebola, Junin virus, Lassa fever virus, Machupo virus.
_		waste receipts verifying the quantities of medical waste generated and eding 60 days.
Establishment	No	
Average month	nly quantity ger	nerated pounds. Name of hauler
		dical waste on site (at your facility) by Isolyser, autoclaving, incinerating of (Treatment by Isolyser SMS does not require a treatment permit.)
□ yes	□ no	Method of treatment
Quantity Hauli	ng Exemption?	ounds of medical waste per week, do you want to apply for a Limited? This allows your facility to transport medical waste to a medical waste station without hiring a registered hazardous waste hauler.
□ yes	□ no	